necessary." The decision in the House of Lords in one case states "In considering lawfulness of medical and surgical treatment given to a patient who for any reason, temporary or permanent, lacks the capacity to give or to communicate consent to treatment, it was stated to be axiomatic that treatment which is necessary to preserve life, health or well being of the patient may lawfully be given without consent."

In emergency treatment, where decisions need to be taken quickly, the legal position may be far from clear cut and medical staff may be open to prosecution for assault under common law. Most medical staff have little or no appreciation of the lack of clarity in the legal position governing the treatment of patients against their wishes in emergencies. The case concerning the Jehovah's Witness raised "for the first time in English courts the question of whether an adult has the constitutional right to die."

The patient described here made a complete recovery. Several weeks later he came to the outpatients department without an appointment to thank us profusely for having saved his life. The laws governing the treatment of drug overdose should be clarified to protect doctors who otherwise may face legal proceedings for acting in good faith and with compassion.

DANIEL PECKHAM

Department of Respiratory Medicine,
City Hospital,
Nottingham NG5 1PB

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Mixed psychiatric wards

EDITOR,—Alison Tonks reports on the sexual dangers confronting female patients in mixed psychiatric wards.¹ We have attempted to address this sensitive issue in our hospital.

Herzog Hospital serves a predominantly orthodox Jewish area in Jerusalem. When members of this subculture, which ordinarily observes a strict social separation of the sexes, are admitted to a mixed psychiatric ward the effect can compound the trauma that often accompanies admission, especially if it is compulsory. Patients in a psychotic or manic state may occasionally conduct sexual relations while in a psychiatric ward. Pregnancy, abortion, and births have resulted. In our population female patients seem particularly prone to suffer profound remorse for such actions when their condition remits. In some cases husbands have refused to accept their wives back into the family.

One year ago we began to provide separate wards for many of our male and female patients. Since then a government commission established to study sexual assault and abuse in psychiatric wards has recommended that separate sex wards should be available for all patients requesting such an arrangement.² (One of us, IEA, was a member of the committee.) Predictably, this policy aroused the ire of many professional colleagues, who saw it as a regressive step in mental health care. But in our experience, which we are currently researching in greater detail, the policy has some beneficial effects: our patients seem satisfied with the change; a source of tension has been removed from the

ward; no families have been broken up on account of extramarital sex; and patients who had hitherto been prevented by their families from being admitted are now coming to our emergency room seeking admission.

The crucial drive in past decades towards humanising psychiatric wards, which has contributed so much to patients' quality of life, has perhaps not been free of excesses. Clearly, mixed wards are beneficial for many mentally ill patients. For some acutely psychotic patients, however, mixed wards may have harmful consequences. In particular, patients from subcultures that maintain traditional separation of the sexes may be ill served by mixed wards. The hospital environment, as a component of treatment, must be adapted to the needs of individual patients.

ILYA E AVERBUCH
PESACH LICHTENBERG

Psychiatric Department,
Herzog Hospital,
PO Box 140,
Jerusalem 91001,
Israel

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Medical reports for courts

EDITOR,—I can but agree with J S Price that all medical reports that are to be used to help resolve a dispute should be requested by a neutral and objective body and not with the partisan overtones that are usually the case under the present medico-legal system.¹ Perhaps this topic should really be ventilated in the columns of legal rather than medical journals, or even be the subject of political negotiations, so that the climate of legislation is altered to achieve this more appropriate balance for such reports.

The problem is really a part of a much wider canvas on which English legal systems operate. So long as society deems it appropriate to use an adversarial system of resolving matters where objective proof is required, then for so long one side or the other will continue to attempt to outmanoeuvre its opponents. This system may encourage advocacy skills, but only too often it acts as an incentive for one side or the other to suppress inconvenient facts for its case and hope that the other side is not clever enough to unearth them. The dismal results of this procedural method include a tendency to miscarriage of justice (often appallingly serious, as many recent appeal cases in the English courts have shown) and suppression of truth. If J S Price's suggestion for supplying medical reports was implemented, it would be a move in the right direction for correcting these inconsistencies.

ANTHONY JOSEPH

Birmingham B15 3TX

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Poor Britain

EDITOR,—I doubt whether many read the *BMJ* from cover to cover, but the first sentence of the first editorial must be in a spotlight. Here Tony Delamothe states that "unemployment begets poverty, which begets ill health and premature death."¹ If only it was this simple. In dispelling lingering doubts by citing the longitudinal study by the Office of Population Censuses and Surveys

he shows that he is not fully conversant with that important research. Moser *et al* recognised the likely complexity of the associations between unemployment and health. Besides loss of income they suggested loss of social status, increased stress, and harmful behaviours induced by stress as other links.² They also extended their analyses to test the possibility that the excess mortality among unemployed men might reflect simply their skewed social class distribution—it didn't.

We now also have evidence that the threat of loss of one's job can be a health hazard.³ This influence is almost certainly independent of financial embarrassment; it can be detected years before redundancy. And, in any case, not all those made redundant will be impoverished. We have just seen a wave of white collar workers become unemployed in Britain. Some of these people were high earners and given generous severance packages. We must not allow the government to reinforce the view that unemployment can be harmful only because of lack of disposable income. This fallacy allows ministers to deflect criticism of present economic policy into the diffuse debate on what are the minimum benefit payments. It is then only a short and easy step to imply that the poor could be better off if they managed their money more carefully.

NORMAN BEALE

Health Centre,
Calne,
Wiltshire SN11 8NQ

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Disposal of used metered dose inhalers

EDITOR,—Many patients with chronic respiratory disorders regularly use pressurised metered dose inhalers. The active drug in these inhalers is either dissolved or suspended in a liquid chlorofluorocarbon mixture in a sealed, pressurised container. There are no guidelines regarding disposal of used inhalers, although all the manufacturers warn that the canisters should not be burnt or punctured, even when empty. We asked 104 asthmatic patients how they disposed of used metered dose inhalers. Ninety six patients threw them in the waste bin, but four patients regularly burnt them and two buried them.

The use of chlorofluorocarbons in metered dose inhalers has been criticised owing to the possible damage to the ozone layer in the atmosphere.¹ Although the quantity of chlorofluorocarbons in the inhalers is small, certain countries have restricted the use of chlorofluorocarbons in medical aerosols. Many pharmaceutical firms are trying to develop an alternative to chlorofluorocarbon propellants, and dry powder formulations are one such attempt. Until an alternative safe propellant is produced we need to remind patients regularly of safe methods of disposing of used inhalers. The pressurised canisters should not be burnt or punctured not only because of the danger of explosion but also because this releases remaining chlorofluorocarbons into the environment.

W U HASSAN
A F HENDERSON
N P KEANEY

Royal Infirmary,
Sunderland SR2 7JE

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